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**RESPONSE UNDER 37 C.F.R.
§1.116 EXPEDITED PROCEDURE
EXAMINING GROUP 3739**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Chiaki Igarashi

Examiner: Kamran Afshar

Serial No: 09/710,267

Art Unit: 2681

Filed: November 10, 2000

Docket: 14059

For: METHOD AND RELAY
STATION FOR CALLBACK
COMMUNICATION

Dated: July 28, 2004

Conf. No.: 5236

Mail Stop - AF
Commissioner for Patents
P.O. Box 1450
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TECHNOLOGY CENTER R3700

RESPONSE UNDER 37 C.F.R. § 1.116


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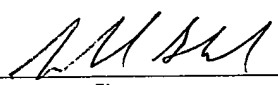

In response to the Official Action dated April 28, 2004, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop – AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 28, 2004.

Dated: July 28, 2004


Aasheesh V. Shravah

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 14059	
Applicant(s): Chiaki Igarashi						
Application No. 09/710,267	Filing Date November 10, 2000	Examiner Kamran Afshar	Customer No. 23389	Group Art Unit 2681	Confirmation No. 5236	
Invention: METHOD AND RELAY STATION FOR CALLBACK COMMUNICATION						
 <div style="float: right; text-align: right;"> RECEIVED AUG 04 2004 TECHNOLOGY CENTER R3700 </div>						
COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: \$0.00						
RECEIVED AUG 06 2004 Technology Center 2600						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 _____ Signature			Dated: July 28, 2004			
Aasheesh V. Shravah Registration No. 54,445 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, NY 11530 (516) 742-4343 AVS:jam			I certify that this document and fee is being deposited on July 28, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> Aasheesh V. Shravah _____ Typed or Printed Name </div>			
CC:						